2010 ELECTION CYCLE

Delbert Hosemann SECRETARY OF STATE

### Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Judicial Election

Name of Committee Commuta to Elect Nebro DATE STAMP Check here if above is different from previous report

|    | TYPE OF REPORT   | Mandatory           |
|----|--|---------------------|
|    | May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)   |                     |
|    | June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)  |                     |
|    | June 10, 2010 Penodic Report (May 1, 2013)   | Mandatory           |
|    | July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)   |                     |
| 37 | October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)  | Mandatory           |
| X_ | October 10, 2009 Periodic Report (ala) (, 2014, alares)  | Mandatory           |
|    | October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)   |                     |
|    | November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)  | Runoff Candidates   |
|    | November 16, 20 to Fleshandi top-14  | Mandatory           |
|    | January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)  | terminate reporting |
|    | Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) |                     |

#### IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Calendar This Period Itemized + Non-itemized = Year-To-Date +\$ 6,789.00 \$ 6,789.00 \$ 7.613.00 Total amount of contributions Total amount of disbursements \$ 4,883,9 6+\$ 1,195,32 \$ 5,4 \$ 5.931.06 Total amount of cash on hand examined this report and to the best of my knowledge and belief it is true, accurate, and complete. I certify that Thank 10 Date of Director or Treasurer

Authority: Refer to Miss, Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit required reports. result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 501-359-1419 or 601-516-2619.
MS 39205 or fax to 501-359-1419 or 601-516-2619.
Z. Generalistics for countywide and county district affices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Commutate To Elect Nebru Porter

Reporting period July 1, 2010 through Sept 30, 2010

# ITEMIZED DISBURSEMENTS

| 506 Pamline   | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period                   |
|---|---|---|
| Mailing Address P. D. BOX. 294  | 912110  | \$ 208.25   |
| mary State, Zip Code  Mary Mary MS 39341  | 9,7,10  | \$ 2529.89  |
| Purpose of Disbursement (Optional) T Short 5.   | Aggregate<br>Year-to-date   | \$ 2738.14  |
| Ellmond Printing Company  | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period                   |
| 603 W. Commerce St.   | 8131110   | \$ 602.41   |
| City State, Zip Code Wherden, MS 39730  | 9128110   | \$ 260.00   |
| Purpose of Disbursement (Optional)  | Aggregate<br>Year-to-date   | \$ 86241  |
| 10 ld Time Shill  | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period                   |
| Mailing Address 1249 Nwy 45 South   | 8,25,10   | s 224.15  |
| West Point, MS 39773  | _/_/_   | \$  |
| Smark Lin meet a great  | Aggregate<br>Year-to-date   | \$ 224.15   |
| D. Euli name<br>Luc Kie Balden  | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period                   |
| Mailing Address  Sustin Circle  | 8112110   | 214.20  |
| City, State, Zip Codh   | '   | S   |
| Purpose of Distrursement (Optional)   | Aggregate<br>Year-to-date   | \$ 214.20   |
| TOO   |   |   |
| E Full name<br>USPS   | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period                   |
| E. Full name U.S.P.S  Mailing Address   |   | \$ 44,00  |
| E. Full name U.S.P.S  Mailing Address  City, State, Zip Code We at Point MS 39773   | (Mo., Day, Year)  | \$ 44,00  |
| E. Full name U.S.P.S  Mailing Address  City, State, Zip Code U.S. T. Code U.S. T. Code U.S. T. Code Pount U.S. 39773  Purpose of Disbursement (Optional)  | (Mo., Day, Year)  | \$ 44,00  |
| E. Full name U.S.P.S  Mailing Address  City, State, Zip Code We at Point MS 39773   | (Mo., Day, Year)  7/1/10  7/5/10  Aggregate                                     | \$ 44.00<br>\$ 49.00                                      |
| City, State, Zip Code  City, State, Zip Code | (Mo., Day, Year)  7/1/10  7/15/10  Aggregate Year-to-date Date                  | \$ 44,00 \$ 49,00 \$ Amount of each                       |
| E. Full name U.S.P.S  Mailing Address  City, State, Zip Code U.S. and Pount (M.S. 39773)  Purpose of Disbursement (Optional)  F. Full name U.S.P.S  | (Mo., Day, Year)  7/1/10  7/5/10  Aggregate Year-to-date  Date (Mo., Day, Year) | s 44,00  S 49,00  Amount of each disbursement this period |

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|---|
| Name of Candidate or Committee Committee to Elect Ne bia Porler |
| Name of Candidate or Committee                                  |
| Reporting period July 1 2010 through Sept 30, 2010              |
| 0 1   |

## ITEMIZED DISBURSEMENTS

| A Euli name  | Date                      | Amount of each                          |
|--|---------------------------|---|
| Signature, Sounds  | (Mo., Day, Year)          | disbursement this period                |
| Malling Address 2116 /2 Howy 45 North City, State, Zip Gode Columbus, MS 39705 | 7,13,10                   | \$ 245.00                               |
| City, State, Zip Code  |                           | S                                       |
| Columbus, MS 39705   |                           | S                                       |
| Purpose of Disbursement (Optional)  OUGh COUGS                                 | Aggregate<br>Year-to-date | 470.00                                  |
| B. Full name   | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Malling Address  |                           | S                                       |
| City, State, Zip Code  |                           | S                                       |
| Purpose of Disbursement (Optional)   | Aggregate<br>Year-to-date | S                                       |
| C. Full name   | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address  |                           | S                                       |
| City, State, Zip Code  |                           | 5                                       |
| Purpose of Disbursement (Optional)   | Aggregate<br>Year-to-date | \$                                      |
| D. Full name   | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address  |                           | S                                       |
| City, State, Zip Code  | !!                        | \$                                      |
| Purpose of Disbursement (Optional)   | Aggregate<br>Year-to-date | \$                                      |
| E. Full name   | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address  |                           | S                                       |
| City, State, Zip Code  | _/_/_                     | S                                       |
| Purpose of Disbursement (Optional)   | Aggregate<br>Year-to-date | S                                       |
| F. Full name   | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address  | _/_/_                     | S                                       |
| City, State, Zlp Code  |                           | \$                                      |
| Purpose of Disbursement (Optional)   | Aggregate<br>Year-to-date | \$                                      |